

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10815479 FILING DATE 3-31-04
 APPLICANT(S) _____

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	/					51
2	/					52
3	/					53
4	/					54
5	/					55
6	/					56
7	/					57
8	/					58
9	/					59
10	/					60
11	/					61
12	/					62
13	/					63
14	/					64
15	/					65
16	/					66
17	/					67
18	/					68
19	/					69
20	/					70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	5					TOTAL IND.
TOTAL DEP.	16					TOTAL DEP.
TOTAL CLAIMS	20					TOTAL CLAIMS